



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

CWS name: _____

PWS I.D. no: _____

The community water system named above hereby confirms that its consumer confidence report, covering calendar year _____, was distributed to customers and the local county health department(s) on _____ (date), (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the Kansas Department of Health and Environment.

Certified by: Name _____
Title _____
Phone # _____ **Date** _____

Send to: Public Water Supply Section
Kansas Dept. of Health & Environment
Forbes Field, Bldg 283
Topeka, KS 66620-0001

ccr_cert1.wpd24Aug99